Paperwork a faction Act of 1995, no person are required to FADE Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PTO/SB/17 (07-06)

Approved for use through 01/31/2007, OMB 0651-0032
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| Co | mplete if Known | |
| Application Number | 10/020,299-Conf. #8259 | |
| Filing Date | December 7, 2001 | V |
| First Named Inventor | Tatu Ylonen | |
| Examiner Name | J. D. Popham | |
| Art Unit | 2137 | |
| | Co Application Number Filing Date First Named Inventor Examiner Name | Complete if Known Application Number 10/020,299-Conf. #8259 Filing Date December 7, 2001 First Named Inventor Tatu Ylonen Examiner Name J. D. Popham |

| FEE TRANSMITTAL For FY 2006 | | | ing Date | | cember 7, 2 | 001 | - | |
|--|-----------------------------|---|----------------------------------|-----------------|--------------------------|------------------|--------------------------|--|
| | | | First Named Inventor | | Tatu Ylonen | | | |
| | | E <u>x</u> | Examiner Name | | J. D. Popham | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | 7 Ar | Art Unit 2137 | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 950.00 | | At | Attorney Docket No. 35997-2156 | | | | | |
| METHOD OF PAYMENT (check | all that apply) | | | | | | | |
| Check Credit Card | Money Order | None | Other (p | please identify | r): | | | |
| x Deposit Account Deposit Account | | سسا Deposit Account | Name: | | Venable LLI | > | | |
| For the above-identified depo | neit account the D | irector is be | reby authorize | d to: (check | all that apply) | | | |
| Charge fee(s) indicated | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Charge | e fee(s) indic | ated below, ex | cept for th | ne filing fee | |
| Character and distance | | ment of | = | any overpay | | | | |
| charge any additional fee(s) under 37 CFR 1 | 1.16 and 1.17 | ,,,,,,,,, | X Cledit | any overpay | monto | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND E | | | OU EFEO | EVARAINA | TION FEES | | | |
| FI | LING FEES Small Entity | SEAR | CH FEES Small Entity | | Small Entity | _ | | |
| Application Type Fee (| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees F | Paid (\$) | |
| Utility 300 | 150 | 500 | 250 | 200 | 100 | | | |
| Design 200 | 100 | 100 | 50 | 130 | 65 | | | |
| Plant 200 | 100 | 300 | 150 | 160 | 80 | | | |
| Reissue 300 | 150 | 500 | 250 | 600 | 300 | | | |
| Provisional 200 | 100 | 0 | 0 | 0 | 0 | | | |
| 2. EXCESS CLAIM FEES | | | | | | Fe <u>e (\$)</u> | Small Entity Fee (\$) | |
| Fee Description | | | | | | 50 | 25 | |
| Each claim over 20 (including Reis | | | | | | 200 | 100 | |
| Each independent claim over 3 (inc | luding Keissues) | | | | | 360 | 180 | |
| Multiple dependent claims | Eng (\$) | Fee Pai | Paid (6) Mui | | ultiple Dependent Claims | | | |
| Total Claims | | reeran | Fee (\$) | | | Fee Paid (\$) | | |
| - 20 = HP = highest number of total claims paid for | or, if greater than 20. | | | | | | | |
| Indep. Claims Extra Claims | Fee (\$) | Fee Pai | d (\$) | | | | | |
| -3= | x = _ | | | | | | | |
| HP = highest number of independent claim | s paid for, if greater that | an 3. | | | | | | |
| 3. APPLICATION SIZE FEE | 1100 1 | -C | colordina alasta | onically file | d seguence or | computer | | |
| If the specification and drawings of listings under 37 CFR 1.52(e)) | exceed 100 sheets | or paper (ex | s \$250 (\$125 t | for small ent | ity) for each a | dditional 5 | 0 | |
| sheets or fraction thereof. See | 35 U.S.C. 41(a)(1 |)(G) and 37 | CFR 1.16(s). | | | | | |
| Total Sheets Extra Shee | ets <u>Number</u> | of each add | itional 50 or fra | ction thereof | Fee (\$) | Fee | Paid (\$) | |
| - 100 = | /50 | | ound up to a who | | | | | |
| 4. OTHER FEE(S) | | | | | | Fees | Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) 1353 Extension for response within second month 450.00 | | | | | | | | |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month 450.00 1401 Notice of appeal 500.00 | | | | | | | | |
| | | | | | | | | |
| SUBMITTED BY | | | | | | | | |
| Signature A Look | M. A | | egistration No. ttomey/Agent) | 31,594 | Telephone | (202) 34 | 14-4000 | |